

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027344

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

871

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 24 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo

b. COUNTY Buchanan

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Joseph,

Length of stay in 1b
60yrs

c. CITY
OR
TOWN St. Joseph,

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mo Methodist Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 405 Vassar (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Grace

Middle
M

Last
Olmsted

4. DATE
OF
DEATH

Month Day Year
July 14, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 20, 1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Grand Island Nebr.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Weber

13b. MOTHER'S MAIDEN NAME

Maggie Shaw

14. NAME OF HUSBAND OR WIFE

Louis H Olmsted

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Louis H. Olmsted St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Failure

INTERVAL BETWEEN
ONSET AND DEATH
Several Days

Conditions, if any,
which gave rise to
above cause (a),
stating the contrib-
uting cause last.

DUE TO (b)

Arteriosclerosis Her Severe

Yrs

DUE TO (c)

A-S.H.D. - Pulmonary Fibrosis

Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I

Severe Osteoarthritis - Anemia Dietary

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 23-62

to 7/14/63

and last saw her alive on

7-14-63

Death occurred at

6:10 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert W. Kieber M.D.

22b. ADDRESS

St. Joseph, Mo

22c. DATE SIGNED

7-15-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/16/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

July 22, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

2

VS 300

Rev. 4/59

1 5117

2 5117

3

4 1

5 1

6

7 1

8 2

9 4200

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986
P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.